

01/09/03
Cost & Use
2000

MEDICARE CURRENT BENEFICIARY SURVEY
 Inpatient Hospital Events

RIC: **IPE**
 Page: 1
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Inpatient Hospital Events file contains data about all inpatient hospital stays of the MCBS population, whether community or facility interviews. This file combines data obtained from CMS administrative records with information obtained from the survey.

RIC	1	2					C RECORD IDENTIFICATION CODE
VERSION	3	1					C VERSION NUMBER
BASEID	4	8					C UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C UNIQUE EVENT IDENTIFIER
				1,555		C000-C999	EVENT CREATED FROM CLAIM
				3,490		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C ORIGINAL REPORTED EVENT TYPE
				1,555			INAPPLICABLE
				0		DU	DENTAL
				47		ER	EMERGENCY ROOM
				3,309		IP	INPATIENT
				69		IU	INSTITUTIONAL UTILIZATION
				0		MP	MEDICAL PROVIDER
				0		OM	OTHER MEDICAL EXPENSE
				65		OP	OUTPATIENT
				0		PM	PRESCRIBED MEDICINE
				0		SD	SEP BILLING DOCTOR
				0		SL	SEP BILLING LAB
CLAIMID	20	7					N CLAIM THIS SURVEY EVENT MATCHED TO
EVBEGYY	27	2	\$EVYY				C EVENT BEGIN YEAR
				0			INAPPLICABLE
				1		-8	DK
				5,044		00-99	YEAR
EVBEGMM	29	2	\$EVMM				C EVENT BEGIN MONTH
				0			INAPPLICABLE
				10		-8	DK
				5,035		01-12	MONTH
				0		95	STILL IN PROGRESS
EVBEGDD	31	2	\$EVDD				C EVENT BEGIN DAY
				0			INAPPLICABLE
				16		-5	MULTIPLE VISITS THIS MONTH
				119		-8	DK
				4,910		01-31	DAY OF MONTH
EVBEGDD	31	2	\$EVDD				C EVENT BEGIN DAY
				0			INAPPLICABLE
				52		-1	INAPPLICABLE
				2		-8	DK
				4,991		00-99	YEAR
EVENDYY	33	2	\$EVYY				C EVENT END YEAR
				0			INAPPLICABLE
				52		-1	INAPPLICABLE
				2		-8	DK
				4,991		00-99	YEAR

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EVENDMM	35	2	\$EVMM				C EVENT END MONTH
				0			INAPPLICABLE
				51			-1 INAPPLICABLE
				9			-8 DK
				4,984			01-12 MONTH
				1			95 STILL IN PROGRESS
EVENDDD	37	2	\$EVDD				C EVENT END DAY
				0			INAPPLICABLE
				52			-1 INAPPLICABLE
				0			-5 MULTIPLE VISITS THIS MONTH
				2			-7 REFUSED
				105			-8 DK
				4,886			01-31 DAY OF MONTH
SOURCE	39	1	\$SOURCE				C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				783			1 SURVEY ONLY
				1,555			2 CLAIMS ONLY
				2,707			3 BOTH SURVEY & CLAIMS
SITCODE	40	1	\$SITCODE				C COMMUNITY OR FACILITY SETTING?
				17			B BOTH COMM & FACILITY
				4,151			C COMMUNITY
				152			D DEEMED COMMUNITY
				533			F FACILITY
				69			G DEEMED FACILITY
				123			S SNF
AMTTOT	41	9	MONYFMT				N TOTAL PAYMENT
				5,045			AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1	IMPFLAG				N IMPUTATION FLAG: TOTAL PAYMENT
				3,614			0 NOT IMPUTED
				1,431			1 IMPUTED
AMTCOV	51	9	MONYFMT				N PORTION OF TOTAL PAY COV BY MEDICARE
				5,045			AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9	MONYFMT				N PORTION OF TOTAL PAY NOT COV BY MEDICARE
				5,045			AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9	MONYFMT				N AMOUNT PAID BY MEDICARE
				5,045			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCARE	78	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE
				5,040			0 NOT IMPUTED
				5			1 IMPUTED
IMPACARE	79	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE
				4,984			0 NOT IMPUTED
				61			1 IMPUTED

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AMTCAID	80	9	MONYFMT				N AMOUNT PAID BY MEDICAID 5,045 AMOUNT AS \$\$\$\$\$\$.CC
IMPSCAID	89	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICAID 4,757 288 0 NOT IMPUTED 1 IMPUTED
IMPACAID	90	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICAID 4,333 712 0 NOT IMPUTED 1 IMPUTED
AMTHMOM	91	9	MONYFMT				N AMOUNT PAID BY MEDICARE HMO 5,045 AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOM	100	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE HMO 4,866 179 0 NOT IMPUTED 1 IMPUTED
IMPAHMOM	101	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE HMO 4,546 499 0 NOT IMPUTED 1 IMPUTED
AMTHMOP	102	9	MONYFMT				N AMOUNT PAID BY PRIVATE HMO 5,045 AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOP	111	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIVATE HMO 4,966 79 0 NOT IMPUTED 1 IMPUTED
IMPAHMOP	112	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIVATE HMO 4,922 123 0 NOT IMPUTED 1 IMPUTED
AMTVA	113	9	MONYFMT				N AMOUNT PAID BY VETERANS ADM 5,045 AMOUNT AS \$\$\$\$\$\$.CC
IMPSVA	122	1	IMPFLAG				N IMPUTATION FLAG: SOP VETERANS ADM 5,017 28 0 NOT IMPUTED 1 IMPUTED
IMPAVA	123	1	IMPFLAG				N IMPUTATION FLAG: AMT VETERANS ADM 4,975 70 0 NOT IMPUTED 1 IMPUTED
AMTPRVE	124	9	MONYFMT				N AMOUNT PAID BY PRIV INS (EMPLOYER SPONS) 5,045 AMOUNT AS \$\$\$\$\$\$.CC

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IMPSPRVE	133	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
				4,640			0 NOT IMPUTED
				405			1 IMPUTED
IMPAPRVE	134	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
				4,530			0 NOT IMPUTED
				515			1 IMPUTED
AMTPRVI	135	9	MONYFMT				N AMOUNT PAID BY PRIV INS (INDIV PURCH)
				5,045			AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVI	144	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
				4,670			0 NOT IMPUTED
				375			1 IMPUTED
IMPAPRVI	145	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
				4,550			0 NOT IMPUTED
				495			1 IMPUTED
AMTPRVU	146	9	MONYFMT				N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
				5,045			AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVU	155	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
				4,963			0 NOT IMPUTED
				82			1 IMPUTED
IMPAPRVU	156	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
				4,963			0 NOT IMPUTED
				82			1 IMPUTED
AMTOOP	157	9	MONYFMT				N AMOUNT PAID BY PERSON/FAMILY
				5,045			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOOP	166	1	IMPFLAG				N IMPUTATION FLAG: SOP PAID BY PERSON
				4,544			0 NOT IMPUTED
				501			1 IMPUTED
IMPAOOP	167	1	IMPFLAG				N IMPUTATION FLAG: AMT PAID BY PERSON
				4,351			0 NOT IMPUTED
				694			1 IMPUTED
AMTDISC	168	9	MONYFMT				N AMOUNT OF UNCOLLECTED LIABILITIES
				5,045			AMOUNT AS \$\$\$\$\$\$.CC
IMPSDISC	177	1	IMPFLAG				N IMPUTATION FLAG: SOP UNCOLL LIAB
				4,844			0 NOT IMPUTED
				201			1 IMPUTED

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
IMPADISC	178	1	IMPFLAG				N IMPUTATION FLAG: AMT UNCOLL LIAB
				4,816			0 NOT IMPUTED
				229			1 IMPUTED
AMTOTH	179	9	MONYFMT				N AMOUNT PAID BY OTHER SOURCES
				5,045			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOTH	188	1	IMPFLAG				N IMPUTATION FLAG: SOP OTHER SOURCES
				5,011			0 NOT IMPUTED
				34			1 IMPUTED
IMPAOTH	189	1	IMPFLAG				N IMPUTATION FLAG: AMT OTHER SOURCES
				4,983			0 NOT IMPUTED
				62			1 IMPUTED
ODIAGCNT	190	2					N NUMBER OF DIAGNOSIS CODES ON CLAIM
PRINDIAG	192	5					C PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG1	197	5					C SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	202	5					C THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM
DRG	207	3					C DIAGNOSIS RELATED GROUP FROM CLAIM
PROCCNT	210	2					N NUMBER OF PROCEDURE CODES ON CLAIM
PROC1	212	4					C FIRST PROCEDURE CODE FROM CLAIMS
PROV	216	6					C PROVIDER NUMBER FROM CLAIM
STATUS	222	2					C BENE STATUS AS OF THRU DATE ON CLAIM
UTLZNDAY	224	3					N NUMBER OF COVERED DAYS OF CARE
COINDAY	227	2					N TOTAL NUMBER OF COINSURANCE DAYS
LRDAYS	229	2					N NUMBER OF LIFETIME RESERVE DAYS USED
HMO	231	1	\$HMO				C EVENT PROVIDED BY AN HMO?
				4,225			0 EVENT NOT PROV BY HMO
				820			1 EVENT PROVIDED BY HMO